



Health Professions Councils of Namibia

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MEDICAL & DENTAL COUNCIL OF NAMIBIA

Please complete this form in full. Completed forms must be addressed to the Registrar

Application for Registration as _____
(Indicate your profession please)

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Proof of citizenship (birth certificate, passport, identity document, *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens).
2. Qualifications on which your application is based (*Qualifications obtained outside Namibia must be submitted together with a confirmation that the qualification entitles the holder to practice the profession concerned, in the country where the qualification was obtained*).
3. Certificate of completion of Internship/practical training.
4. Certificate of Registration from the country in which the qualification in 2 above was obtained or other proof of entitlement to practice in that country.
5. **Original Letter of Good Standing** (Certificate of Status) from every registering authority covering all countries you have worked in over the last 5 years or since completion of internship/practical training if you have less than 5 years 'experience. The certificate must be issued not more than 120 days before the date of submission of your application.
6. Proof of competency in English if not a graduate of an English medium university/training institution.
7. **Certified copy of transcript of subjects** (*Must be an official document with the official seal of the training institution*).
8. **Proof of a 4-years Registrar ship / Clinical appointment** from the Head of Department at the Institution where you have completed your practical training during specialist study.
9. Proof of qualification evaluation from **Educational Commission for Foreign Medical Graduates** (Foreign Trained Medical Graduates only).
10. Proof of qualification evaluation from **Namibia Qualification Authority (NQA)** (*Foreign trained*).
11. An Apostille from the country of origin of qualifications, if obtained outside Namibia may be required (*An Apostille is a certificate that authenticates the origin of the document*).

12. All documents must be translated into the English language and certified by a sworn translator.

13. **Non-refundable** application fees for registration:

PROFESSIONS	NAMIBIAN	NON-CITIZEN
Biomedical Engineer, Clinical Biochemist, Genetic Counselor, Medical Biological Scientist, Medical Physicist and Medical Scientist.	N\$ 1120.00	N\$ 4480.00
General Medical Practitioner and/or Dentist.	N\$ 3890.00	N\$15560.00
Specialist and/or Sub-speciality	N\$ 1570.00	N\$ 6280.00
Oral Hygienist, Ophthalmic Assistant and Clinical Officer	N\$ 600.00	N\$ 2400.00
Medical Assistant, and Rural Medical Aid:	N\$ 240.00	N\$ 960.00

NB: *Applications without proof of payment will not be considered! Applicants who meet the requirements for registration may be required to apply to sit for pre-registration evaluations before the registration may be granted.*

A
Personal Particulars

Surname	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Names	<input style="width: 95%;" type="text"/>			
Maiden Name	<input style="width: 95%;" type="text"/>	Gender	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residential Address	<input style="width: 95%;" type="text"/>			
Postal Address	<input style="width: 95%;" type="text"/>			
Telephone	Home	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>
	Work	<input style="width: 95%;" type="text"/>	email	<input style="width: 95%;" type="text"/>
	Cell	<input style="width: 95%;" type="text"/>	Please print clearly	

Please note: *In terms of the relevant legislation, any change in residential or postal address taking place after the date of registration must be reported in writing to the Registrar within 30 days of such change taking place.*

Citizen of

Proof of status
(Passport, ID, Birth Certificate)

(Please enter the type and number of the relevant document and attach a certified copy thereof)

B**Training and Particulars of Registration**

Have you been registered in any profession with a former professional Board or an Interim Health Professions Council in Namibia before? If so, please provide details with regard to the approximate date (year) and profession below:

Category of registration requested	<input type="text"/>
Previous Registration Authority	<input type="text"/>
Previous Registration Number	<input type="text"/>

QUALIFICATION FOR REGISTRATION AS PRACTITIONER

University/Training Institution	<input type="text"/>
Country	<input type="text"/>
Degree / Diploma & Prescribed Duration of Training	<input type="text"/>
Date obtained	<input type="text"/>

INTERNSHIP / PRACTICAL TRAINING

Hospital/Training Institution	Dept.	Country	University	Dates (Starting and Ending each rotation)

EXPERIENCE AS PRACTITIONER
(Use a separate page if space is inadequate)

Hospital/ Training Institution	Dept.	Post	Town / City	Country	Dates

PRESENT POSITION

Hospital/ Training Institution	Dept.	Post	Town / City	Country	Dates

C
Employment in Namibia

- Name, address and telephone number of current or potential employer in Namibia and the profession in which you are employed
- Will you serve in Namibia in terms of a contract with any local or international organization? If so, provide same particulars as in 1. above as well as term of contract

D
Application for Registration

I, the undersigned _____
(Full name(s) and Surname)

*Identity or *Passport Number _____

of _____
(Residential Address)

hereby apply for registration as a _____ in Namibia and under oath declare/solemnly affirm that;

1. I am the person mentioned in the accompanying qualification(s), namely –

(a) _____ dated _____

(b) _____ dated _____

(c) _____ dated _____

submitted by me in support of my application to be registered in the Republic of Namibia as a

(Indicate your profession)

2. The said qualification(s) was / were granted to me after examination and is / are my own lawful property and entitle me as far as professional qualifications are concerned to practice my profession in the country of its / their origin, namely, _____.

3. The course of study in professional subjects undergone by me covered a period of _____ academic years.

4. The last _____ academic year(s) of professional study for admission to the examination for the qualification in respect of which I apply for registration were taken at:

(Name of University / Medical School / Training Institution)

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

6. I herewith consent that the Medical and Dental Council of Namibia (the Council), may request and obtain from the University or training institution as indicated in Part C above, any information and/ or documents pertaining to my academic qualification as indicated in Part E above, as the Council may determine.

7. I further consent, to the Council requesting from any institution as listed or identified in this application, for verification of authenticity of any documents submitted in support of my application for registration.

Signature

Sworn / solemnly affirmed before me at _____ this _____

day of _____ 20 _____

Name

Official stamp

Signature
Commissioner of Oaths

E

Inspection of Professional Practice and Performance Assessment after registration

1. I accept and understand that, once I am registered with Council, Council may authorize any person in writing to inspect my professional practice, including the premises where such practice is being conducted, at any time and as and when deemed necessary by Council. I hereby give my consent to such an inspection.
2. I further accept and agree that I have to subject myself to performance assessments by the Council, which includes the assessment of my performance, skills, competence and knowledge.

Signature